



Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, age, disability, sexual orientation, familial or marital status, or any other characteristic protected from discrimination under state or federal law.

(PLEASE PRINT)

Date of Application _____		
Last Name _____	First Name _____	Middle Name _____
Address _____		
City _____	State _____	Zip Code _____
Telephone Number(s) _____		

Position(s) Applied For _____

Preferred Hours _____ Salary Requirements _____

Referral Source:

- | | | | |
|--|--|-----------------------------------|--|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Friend | <input type="checkbox"/> Relative | <input type="checkbox"/> Academy Website |
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Other | |

If you are under 18 years of age, can you provide required proof of your eligibility to work?..... Yes No

Have you ever filed an application here before? Yes No

If Yes, give date _____

Are you currently employed? Yes No

May we contact your current employer?..... Yes No

Are you prevented from lawfully becoming employed in this country? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you able to work: Full-time Part-time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

If yes, please explain _____

AN EQUAL OPPORTUNITY EMPLOYER

Employment Experience

Start with your present or last job. Include military service assignments and any verified work performed on a volunteer basis. Exclude organization names which indicate race, color, religion, sex, sexual orientation, marital status, national origin, ancestry, genetic information, age, disability, status as a veteran or being a member of the Reserves or National Guard. You may attach a resume but please complete this application as well.

EMPLOYER	ADDRESS	HOURLY RATE/SALARY		DATES EMPLOYED	
		Starting	Final	From	To
JOB TITLE	DUTIES/RESPONSIBILITIES				
SUPERVISOR					
REASON FOR LEAVING OR WISHING TO LEAVE				TELEPHONE NUMBER	

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If you need additional space, please continue on a separate sheet of paper.

Education

SCHOOL NAME	LOCATION (CITY and STATE)	MAJOR COURSE	GRADUATED YES/NO	DEGREE OR CERTIFICATION
High School				
College/University				
Graduate/Professional				
Business or Technical School				
Other Educational Training				
Scholastic Honors, Scholarships, Etc.				
Job Training, Special Courses, Apprenticeship, Etc.				

References

Give name, address, and telephone number of three references who are previous employers

NAME	ADDRESS	TELEPHONE NUMBER
1.		
2.		
3.		

Have you ever had any job-related training in the United States military? Yes No

If Yes, please describe _____

Applicant's Statement

It is my understanding that this employment application, or the granting of an oral interview(s), does not represent a contract of employment or a promise of future benefits by Milton Academy. **I understand and agree that if hired, my employment is at-will and I may terminate it at any time for any reason, with or without notice, with or without cause, and Milton Academy may do the same. I also understand that this written statement superseded any and all oral representations made by agents or representatives of Milton Academy.**

AGREEMENT: I certify that the information on this application is true, complete, and correct. I authorize Milton Academy to investigate my past employment, education, and activities and I release Milton Academy and all persons, companies, and corporations supplying such information from any and all liability that could arise from this release of information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge. I understand that if I am offered a job, final acceptance by Milton Academy is contingent upon satisfactory completion of a CORI Background Investigation.

Signature of Application _____ Date _____